

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR APPRENTICE SALESPERSON LICENSE

APPRENTICE CONTRACT REQUIREMENTS

The apprentice contract, which is prepared and executed by the employing broker, must include:

1. The hourly rate to be paid to the apprentice; caution: refer to applicable minimum wage requirements which take precedence over sec. RL 22.01(8)(c), Wis. Admin. code.
2. The number of hours the apprentice will work each week; a minimum of 20 hours in no less than three days each week.
3. A description of the course of study that will be offered to the apprentice: a minimum of 6 hours in real estate laws and procedures. Four of the 6 hours can be satisfied by the apprentice enrolling in a real estate course at a school recognized by the Department.
4. Schedule of commissions to be paid after the apprentice has obtained a salesperson's license.

License expires ONE year from the date of issuance and may not be renewed.

PLEASE ATTACH THE APPRENTICE CONTRACT TO THIS APPLICATION.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.

☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

____ month ____ day ____ year

() ____ - ____

Ethnic/gender status
information is optional.

Sex:

☐ M
☐ F

Ethnic:

☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

Have you ever held a license/credential in the state of Wisconsin?

____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number.

APPLICATION FEE: Please make check payable to Department of
Safety and Professional Services and attach to this application.

☐ \$ 10.00 Fee

For Receipting Use Only

For Office Use Only

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Date Granted:

Wisconsin Department of Safety and Professional Services

MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any question, give all details on a separate sheet.

	YES	NO
a. Have you ever been convicted of a misdemeanor or a felony? <u>If YES, submit Form #2252 providing details about the crime, including the date of conviction, court, and penalty.</u> (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) convictions.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you incarcerated, on probation or on parole for a conviction? <u>If applicable, submit Form #2252 providing details including the terms of incarceration and, if applicable, list name, address and phone number of your probation or parole officer.</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have any felony or misdemeanor charges pending against you? <u>If YES, submit Form #2252 providing details about the pending charge, including status of the charge and the location of court.</u> (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) convictions.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and the date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? If YES, what type of credential?	<input type="checkbox"/>	<input type="checkbox"/>

And if in another name, what name? _____

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

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ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT
(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

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SECTION B: BROKER OR SALESPERSON APPLICANT INDICATING EMPLOYMENT UNDER ANOTHER BROKER

BROKER-EMPLOYER IS: ☐ Sole Proprietor Broker ☐ Business Entity (Corporation, Partnership, or Limited Liability Company)

ENTER NAME OF BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL SOLE PROPRIETOR OR BUSINESS ENTITY IS LICENSED (Do not give the trade name.)

(continued)

ENTER LICENSE NUMBER OF BROKER-EMPLOYER

ENTER MAIN OFFICE TELEPHONE NUMBER

()

ENTER THE BUSINESS ADDRESS OF THE BROKER-EMPLOYER'S MAIN OFFICE.

Number

Street

City

State

Zip Code

NOTE: This statement must be signed by the sole proprietor broker-employer or a licensed broker who is a representative of the business entity broker-employer.

THIS IS TO CERTIFY that the broker-employer listed above will assume responsibility for the licensee pursuant to the department rules.

Print/type the name of the broker signing below.

Signature of Individual Broker or Representative Broker of Business Entity

Date

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996